

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Donald A. Sargent et al.

Application No.: 10/633,349 Group No.: 1744 Confirmation No.: 3719

Filed: August 1, 2003 Examiner: Monzer R. Chorbaji

For: METHOD AND DEVICE FOR DEACTIVATING ITEMS AND FOR MAINTAINING SUCH ITEMS IN A DEACTIVATED STATE

**RESPONSE UNDER  
37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP  
1744**

**Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**AMENDMENT OR RESPONSE AFTER FINAL REJECTION--TRANSMITTAL**

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

## STATUS

2. Applicant is other than a small entity.

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1)	(Col. 2)	(Col. 3)	OTHER THAN SMALL ENTITY				
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE			
TOTAL 22	MINUS 31	= 0	x \$ 50.00	= \$ 0.00			
INDEP 4	MINUS 6	= 0	x \$ 200.00	= \$ 0			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ \$ 0.00	= \$ 0.00		
			TOTAL	\$ 0.00			
			ADDIT. FEE				

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
- \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
- \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

*No additional fee for claims is required.*

## FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge **Deposit Account No. 50-0537**.  
 If any additional fee for claims is required, charge **Deposit Account No. 50-0537**.

Date: December 5, 2006

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